FORM #2900 (Back)
P.O.S. # 72868
PM USA 5/93
COMP Forms(Num.)

# SINGLE-PACK SPECIALTY BRANDS DISPLAY - PLAN C2

☐ INDEPENDENT ☐ CHAIN

| TERRITORY # | CALL # | S.P.A.C.E. ID. NUMBER | KEY ACCOUNT NUMBER |
|---|---|---|---|
| | | | |

CUSTOMER NAME

STREET ADDRESS - LINE 1

STREET ADDRESS - LINE 2 *(To be completed only when street address exceeds space provided above)*

| CITY | ST. | ZIP |
|---|---|---|
| | | |

PLAN C2

☐ New Account
☐ Reinstatement
☐ Change in Ownership
☐ Old Account (New Plan)
☐ Change in Name/Address

EFFECTIVE DATE OF AGREEMENT MO. YR.

| ROTHMANS' packings | # OF STORES (CHAINS) | MONTHLY PAYMENT/ STORE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DISPLAY LOCATION

*PHILIP MORRIS U.S.A.*
*BY* _____ *Date* _____

*Retailer*
*By* _____ *Date* _____

IS THIS ACCOUNT INCORPORATED? ☐ YES ☐ NO

PLEASE PROVIDE:
FEDERAL EMPLOYER TAX I.D. NO.
-OR-
OWNER'S SOCIAL SECURITY NO.

DISTRIBUTION

| | |
|---|---|
| ORIGINAL | SECTION OFFICE |
| DUPLICATE | SECTION OFFICE |
| TRIPLICATE | CUSTOMER |
| QUADRUPLICATE | P.M. REPRESENTATIVE |

72868

Source: https://www.industrydocuments.ucsf.edu/docs/xngy0003